

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90040 032 \*\*\*\*50.00

DOCUMENT # L03000019638

1. Entity Name

GENESIS DEVELOPMENT (LET US BUILD YOUR ENTERPRISES) LLC

Principal Place of Business

4521 BOHEMIA DRIVE  
PENSACOLA FL 32504  
US

Mailing Address

4521 BOHEMIA DRIVE  
PENSACOLA FL 32504  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-453237

Applied For

Not Applicable

5. Certificate of Status Desired

MOORE

CR2E083 (11/03)

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LERMAN, MARTIN I  
4521 BOHEMIA DRIVE  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

MGR

NAME

LERMAN, MARTIN I

STREET ADDRESS

4521 BOHEMIA DR

CITY-ST-ZIP

PENSACOLA FL 32504

☐ Delete

TITLE

MGR

NAME

GILBERT, DAVE

STREET ADDRESS

980 BARRINEAU PARK ROAD(HWY 196)

CITY-ST-ZIP

MOLINO FL 32577

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Dave Gilbert

Martin I. Lerman

04/12/04

(850) 432-8322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #